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AUTHORITY

AGO D/A ltr, 29 Apr 1980

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IN REPLY REFER TO

AGAM-P (M) (6 Feb 68) FOR OT RD T674233

8 February 1968

SUBJECT: Operational Report - Lessons Learned, Headquarters, 68th
Medical Group, Period Ending 31 October 1967

TO: SEE DISTRIBUTION

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2. Information contained in this report is provided to insure appropriate benefits in the future from Lessons Learned during current operations, and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

Kenneth G. Wickham

KENNETH G. WICKHAM
Major General, USA
The Adjutant General

1 Incl
as

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DEPARTMENT OF THE ARMY
HEADQUARTERS 68TH MEDICAL GROUP
APO 96491

AVBJ GD-PO

15 November 1967

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending 31
October 1967 (RCS CSFOR-65)

THRU: Commanding General
44th Medical Brigade
ATTN: AVBJ PO
APO 96384

TO: Assistant Chief of Staff for Force Development
Department of the Army
Washington, D.C. 20310

The OPERATIONAL REPORT-LESSONS LEARNED of this headquarters for the
quarterly period ending 31 October 1967 is forwarded in accordance with Army
Regulation 1-19 and 44th Medical Brigade Regulation 870-5.

1 Incl
as

Leonard Maldonado
LEONARD MALDONADO
Colonel, Medical Corps
Commanding

FOROTRO
TG 74233

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A. During the entire 92 day report period, this headquarters engaged in medical support missions consistent with its assigned mission of command, control and staff supervision, providing Field-Army-Level Medical Service to forces of the United States, Free World Military and Military Assistance Program Army of Vietnam.

For the first eighty-one days of the report period the group had forty-four assigned and two attached units in support of III and IV Corps Tactical Zones.

On 23 October 1967, the 67th Medical Group became operational. The area of responsibility and assigned units of the 68th Medical Group was divided between the two groups. The 68th Medical Group's new area of responsibility is that portion of III Corps Tactical Zone within the TAOR of the 1st and 9th Infantry Divisions and the 1st Australian Task Force.

In support of this reduced area of responsibility, the 68th Medical Group retained three evacuation hospitals and one each surgical hospital, medical battalion, air ambulance company, ground ambulance company and a clearing company, plus seven dispensaries, five medical specialty teams and three ambulance bus detachments, totaling 23 assigned and two attached units.

B. Personnel, Administration, Morale, and Discipline.

1. Personnel.

a. The following individuals exercised command of the 68th Medical Group during the reporting period.

(1) Colonel William A. Boyson, Medical Corps, 1 August - 5 October 1967.

(2) Colonel Leonard Maldonado, Medical Corps, 6 October - 31 October 1967.

b. Other staff changes are as follows:

(1) Food Advisor.

(a) CW2 Raymond Martin, 1 August - 16 August 1967.

(b) WO1 William J. Greenhaw, 17 August - 31 October 1967.

(2) S2 - Captain Douglas E. Wade, 11 October - 31 October 1967.

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2. Morale and Discipline.

a. The following awards and decorations were approved and presented to persons of the 68th Medical Group during the period:

- (1) Distinguished Service Cross - 1
- (2) Silver Star - 4
- (3) Distinguished Flying Cross - 4
- (4) Legion of Merit - 4
- (5) Bronze Star - 26
- (6) Army Commendation Medal - 56
- (7) Air Medal - 141
- (8) Certificate of Achievement - 3

b. The following awards and decorations have been recommended and are still pending as of 31 October 1967.

- (1) Silver Star - 2
- (2) Distinguished Flying Cross - 4
- (3) Legion of Merit - 4
- (4) Bronze Star - 43
- (5) Army Commendation Medal - 14
- (6) Air Medal - 226
- (7) Certificate of Achievement - 19

c. One (1) General and one (1) Special Courts Martial were convened by this headquarters during the period of the report.

d. Personnel security actions during the report period were higher than during any previous report period - 197 as opposed to 177 during the preceding quarter.

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C. Medical Regulating.

1. Hospitalization, evacuation and medical regulating were provided for the following named tactical operations, within II, III and IV Corps Tactical Zones, RVN: (U) OPERATION FAIRFAX, LAM SON 67, ENTERPRISE, CONDOR, BARKING SANDS, KOLE KOLE, DIAMOND HEAD, EMPORIA, CORONADO II, PORTLAND, CORONADO III, CORONADO IV, HOP TAC, KANSAS CITY, CORONADO V, AKRON III, SHENANDOAH II, RIVERLINE and BYRD.

2. Hospital rates of admissions, transfers and air evacuations are shown in Inclosures 3 and 4. During September the 1/616th Medical Company (Clearing) relocated to An Khe, II Corps Tactical Zone (N). The 67th Medical Group became operational on 23 October and 950 of the 2,300 beds of the 68th Medical Group resources were transferred to the 67th. Although this somewhat reduced the flexibility of the 68th Medical Group, supported units were not affected in the least. Average beds available during the report period were as follows:

- a. August - 2,300
- b. September - 2,216
- c. October - 2,115

D. Operations.

1. The 1st Platoon, 616th Medical Company (Clearing) was released from attachment to the 68th Medical Group on 10 September 1967 and returned to parent unit located at An Khe, RVN. The parent unit had relocated on 1 May 1967. The mission of the 1/616th Medical Company (Clearing) had been to provide primary medical care to non-divisional elements without organic medical service in the Phu Loi Base Camp area. The 1st Infantry Division Medical Battalion assumed the mission upon relocation of the 1/616th Medical Company.

2. The 283d Medical Detachment (RA), a six helicopter aeromedical evacuation unit, was reassigned to the 55th Medical Group on 10 September 1967. The 283d Medical Detachment had the mission of aeromedical support in the III Corps Tactical Zone and now will support north II Corps from Fleiku Base Camp. The III Corps mission was assumed by the newly operational 45th Medical Company (Air Ambulance).

3. The 254th Medical Detachment (RA), another six helicopter aeromedical evacuation unit, was reassigned to the 43d Medical Group on 6 August 1967. This unit replaced the HQ and one platoon of the 498th Medical Company (Air Ambulance), supporting south II Corps. The 45th Medical Company assumed the former mission of the 254th.

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4. Operation MOOSE, the relocation of units from Saigon, and the concurrent increase in troops strength in the Long Binh area necessitated relocation of dispensary support.

a. The 229th Medical Detachment (MC) moved from 90th Replacement Battalion area and two other annex locations at Long Binh to assume the primary medical care for new MACV headquarters and US Army troops located on Tan Son Nhut Air Base, Saigon.

b. The 202d Medical Detachment (MC) moved from Saigon to Long Binh and occupied one of the annex facilities formerly operated by the 229th Medical Detachment.

c. The 2d Medical Detachment (MA) relocated to Long Binh and closed its facility in the Rice Mill Area, Saigon. It now supports the 90th Replacement Battalion.

5. The main body of the 67th Medical Group arrived in RVN on 23 September 1967. Movement from Fort Sam Houston was generally uneventful. The 68th Medical Group served as the sponsoring unit, providing new arrival orientations, and movement of personnel and equipment to effect the most orderly transition possible. The 67th Medical Group became fully operational on 23 October 1967. The following resources, formerly a part of the 68th Medical Group, were assigned to the 67th Medical Group.

- a. 3d and 45th Surgical Hospitals.
- b. 3d and 17th Field Hospitals.
- c. 12th Evacuation Hospital.
- d. 57th and 82d Medical Detachments (RA) (Hel Amb).
- e. 561st Medical Company (Ambulance).
- f. 500th Medical Detachment (Ambulance).
- g. 84th, 133d, 229th, 346th and the 673d Medical Detachments (Dispensaries).
- h. 51st Field Hospital which augments the 3d Field Hospital.
- i. 62d Medical Detachment (KA), 155th Medical Detachment (KF) and the 629th Medical Detachment (KP). These are specialty teams attached to the 3d Field Hospital to augment their medical capability.

6. The 74th Medical Battalion was redesignated a "provisional group" and relocated to I Corps Tactical Zone on 1 October 1967. With their release of assignment from the 68th Medical Group and assignment to 44th Medical Brigade, eleven dispensaries previously attached to the 74th Medical Battalion were attached to the 58th Medical Battalion. On 23 October 1967, five of these dispensaries were transferred to the 67th Medical Group.

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7. On 20 September 1967, the 68th Medical Group conducted a readiness mobility test of one platoon, 50th Medical Company (Clearing). The purpose of the test was to determine if personnel, equipment and plans of the contingency platoon were adequate in scope to ensure deployment within prescribed time frames. The test was conducted in a remote location of Long Binh Post. The tested unit was given 24 hour notice to be ready for movement to an unspecified location. The unit was ready for movement within nine hours and deployed to the test site the following morning. The platoon was operational and ready to receive patients four hours and thirty minutes following notice to commence reconnaissance and movement. Test results indicated that remaining personnel of the 50th Medical Company (Clearing) would not have been adequate in numbers to continue operation of the existing facility without medical group providing some MC and enlisted medical personnel augmentation. This situation was the result of subject unit not being at its full TOE personnel strength at the onset of the exercise.

8. The 68th Medical Group staged another new air ambulance detachment in-country, the 159th Medical Detachment (RA) (Hel Amb). The 159th advance party arrived in RVN on 17 October 1967. The main body arrived on 25 October 1967. The unit deployed in four parts: The advance party consisted on one officer and three enlisted men, aircraft and basic PLL, main body, and the remaining TOE equipment to include vehicles. The 159th Medical Detachment will be assigned to the 67th Medical Group with duty station at Cu Chi, base camp of the 25th Infantry Division. This detachment will increase the aeromedical resources of the 67th Medical Group to three detachments in support of their AO, which is part of III and all of IV Corps Tactical Zones.

9. The 45th Medical Company (Air Amb) became operational on 1 August 1967 replacing the 658th Med Co (Team AC). The 45th deployed to RVN at full TOE 8-137G strength, the only "G" series unit assigned to the 68th Medical Group. With 25 organic helicopters, the 45th will aeromedically support the AO of the 68th Medical Group. The assigned helicopters are modified UH1D equipped with the L-13, higher horsepower engines. In this configuration, the helicopter was designated a UH1H model.

10. The 658th Medical Company (Team AC) was reduced to zero strength on 1 August 1967, when the 45th Medical Company (Air Amb) became operational and assumed the control of the four attached air ambulance detachments. The 658th Medical Company on 5 October 1967 was released from assignment to the 68th Medical Group and returned to the control of the 44th Medical Brigade.

11. High water plagued the 3d Field Hospital, Saigon, again during the period 18-21 October 1967. Heavy rains and high back tides on the rivers in the Saigon-Tan Son Nhut area caused sewers and other drains to backup significantly. Water in ground level areas rose to as much as 18-24 inches deep in the parking areas and 6-12 inches in most wards, emergency room, operating

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rooms, mess, laboratory, X-Ray and other miscellaneous areas. Although the high water was a significant hazard and reduced the capability of the hospital to handle patients, particularly to receive emergencies, it was not necessary to evacuate any patients, only to relocate them to second floor wards, or wards not affected by the rising waters. This emergency state began at mid-evening and lasted for two days. Sump pumps were not effective as the surrounding areas were also flooded and there was no place to pump the water. Although this was the worst occurrence, past flooding served as a warning to the staff to expect more flooding in the future. Engineer surveys have been inconclusive and apparently only a major reconstruction project would preclude flooding in the future.

12. Physical Security.

a. An active sandbag and construction program during the report period resulted in completion of protective barriers for all quarters in the headquarters, 68th Medical Group area. Construction consisted of filled 55 gallon barrels stacked with sandbags to increase the overall height to one foot above bed level.

b. The 68th Medical Group commenced operation of a Sub-Sector Operations Center in August. The rapid troop build-up at Long Binh necessitated a change in the alert system for Long Binh Post. Long Binh developed the major sector with smaller sub-sector concept. The 68th Medical Group is one of the sub-sectors under the 29th General Support Group. A system of operating radios, "hot" lines, point to point telephone links and normal phone systems, has proven most effective in the rapid notification of all Long Binh area subordinate elements.

13. "Golf" series MTOE's to develop "type" units for Vietnam were submitted for 8-500 MA, MB and QA teams and an air ambulance company. These MTOE's were not merely desired modifications of the "Golf" TOE, but used the "Golf" series as a guide only. All similar type units in Vietnam had their personnel authorized strengths averaged; this figure constituted the personnel ceiling for planning purposes. The averaging of personnel resulted in that none of the four type units for whom an MTOE was prepared had Golf series strengths, and in the case of the Air Ambulance Company, six pilots were deleted in order to meet the imposed personnel ceiling.

14. In anticipation of the relocation of the 18th Surgical Hospital from II Corps Tactical Zone (N), 55th Medical Group, to the 68th Medical Group AO, III Corps Tactical Zone, specifically Lai Khe Base Camp, a vigorous training program for key personnel was initiated during the last two weeks of October. The 18th Surgical Hospital operated at Pleiku in a conventional configuration. However, the unit will receive MUST (Medical Unit Self-Contained Transportable) equipment for use at the new location. Training of personnel was basically

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accomplished with the 3d Surgical Hospital. Upon receipt of the MUST elements, a short orientation and equipment check will be conducted at Long Binh, then the unit will make its final move to the new area. In contrast to other MUST configured surgical hospitals in RVN, this unit will be established with mobility in mind. Erection of permanent quarters, supply buildings, motor parks etc., will not be permitted, thus the unit retains its mobility and flexibility in the purest sense of the mobile surgical hospital concept.

E. Logistics.

1. S4 attended the 44th Medical Brigade Supply Conference, Cam Ranh Bay, 29-31 October 1967.

2. Under the Loan of Vehicles to ARVN program this group turned in 26-2 $\frac{1}{2}$ ton cargo trucks.

3. 8-9 Aug 67, Headquarters, 68th Medical Group received its Annual General Inspection from 1st Log Command receiving a satisfactory rating.

4. Food Service personnel regularly visited subordinate units to give assistance and advice on food preparation, handling, storage and mess administration.

SECTION II PART I

OBSERVATIONS (LESSONS LEARNED)

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SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending 31 October 1967 (RCS CSFOR-65) (68th Medical Group)

A. Personnel, Administration, Morale and Discipline.

ITEM: Assignment of Married Couples.

DISCUSSION: An increasing number of married couples are being assigned to the same command. A two-fold problem results. First, there are limited facilities for housing married couples. Second, in a small unit, friction and jealousies develop over actual or assumed preferential treatment concerning duties, shifts, etc. given to married nurses.

OBSERVATION: A smaller unit, such as a surgical hospital, is more severely affected by the problems of married couples. In such an organization, there is less chance for absorption of any seeming inequities. The solution has been to assign married couples either to hospitals in Saigon, where billeting facilities provide them a private life away from the unit, or to assign them to evacuation hospitals where the size of the unit permits absorption of a married couple with minimum disturbance of unit schedules and activities.

ITEM: Insufficient billeting space for male officers at hospital facilities.

DISCUSSION: Due to an unforeseen influx of male ANC personnel, there has been a shortage of billeting space for male officers. Male nurses now comprise 30% (60 of 202) of all ANC strength within this command. Consequently, female billeting spaces frequently go empty, while male billets are overcrowded. Additional construction is precluded by base development restrictions.

OBSERVATION: At the time of construction, officer billets were not designed so as to permit occupancy by either male or female personnel. Wherever possible, billets should be modified to permit occupancy by either sex, and new construction should incorporate this feature.

B. OPERATIONS.

ITEM: Units Deploying to RVN without Organic Radios.

DISCUSSION: Two recently arrived units have deployed to RVN without organic AN/VRC 40 series radios as a part of their initial air movement equipment. The 45th Medical Company (Air Amb) and the 67th Medical Group required these radios to become fully operational. Weight and cube should not be a consideration. Two typewriters or a small piece of TOE office furniture packed for sea rather than air movement would have provided the needed space, if space is a problem. The sponsoring unit can provide replacement for this type equipment far more readily than radios which are already a critical demand item in short supply.

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OBSERVATION: Radios are an integral part of the operations of medical command, evacuation and hospitalization units. The regulation of patient movement and the receipt of routine, priority and urgent requests are dependent on effective communications which land lines generally cannot provide.

ITEM: Potential Enemy Action in Connection with Aircraft Mishap Investigation.

DISCUSSION: Aircraft mishaps require prompt investigation for future safety reasons and are sometimes pressured due to the tactical situation. It has come to our attention that in the haste to get the accident investigation completed at the fieldsite, the possibility of the enemy setting booby traps has been overlooked. It would be prudent to have an EOD team accompany or precede the accident investigation team in order to clear and secure the crash site of any possible booby traps and mines located among the wreckage or deceased personnel.

OBSERVATION: Accident investigations will be delayed and present a potential danger unless the accident investigating team is augmented with EOD personnel.

ITEM: Armed Helicopter Support of Medical Helicopter Evacuation.

DISCUSSION: USARV Regulation 40-10 states that all hoist missions, by Medical Helicopters, will be supported by an armed escort. Time and locations for armed escort requirements are twenty-four hours a day and includes all of RVN. Unless armed helicopters are working the area of extraction site, they normally are on standby call for emergency tactical situations, not for emergency aeromedical evacuations. This critical resource becomes even more paramount after the hours of darkness. Officers responsible for dispatch of armed helicopters often are limited to one light fire team on call for emergency tactical situations and are reluctant to dispatch the support when there is no known hostile fire at the pick-up location. All hoist extractions or deliveries (emergency medical evacuation, or troop lifts by slick ships) provide a prime target for hostile fire. On occasion an emergency medical hoist mission may be an hours flight from the medical helicopter dispatch location and the location of standby fire teams. All three aircraft must be dispatched to arrive on station at approximately the same time to effectively accomplish the mission in minimal time. Gun ship support at the pick-up location requires close coordination with the ground commander, gun ships and evacuation helicopter. After exact location of friendly forces is determined the gunships normally recommend direction of approach to the medical helicopter consistent with the ground commanders evaluation. At this point in the pick-up, gun ship tactics take on usually one of two variations. First and least effective finds the gunships orbiting the LZ at 1000 to 1500 feet during the entire pick-up and descend only when the Dustoff aircraft is fired on. Major disadvantage lies in the time required to deliver suppressive fire. Ground fire, when received, is usually on entry to the hoist area or landing zone and on initial departure. Considering the speed of the aircraft the vulnerable period of time is 10 to 15 seconds before and after pick-up.

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For an aircraft orbiting the area at 1000 feet this is a relatively short period of time. The second method employed by gunships and the one most desired by medical helicopter pilots is to position behind and on either side of the medical aircraft on final, available for immediate suppressive fire if or when required, then establish a daisy chain while loading or hoisting. On departing the area, gunships are advised for timing purposes and direction of departure. Again they align on either side of the medical helicopter and approach the pick up site parallel to the intended departure route, to provide suppressive fire the first 15 seconds of take off to depart the area.

OBSERVATION: Aviation elements are hesitant to commit emergency tactical standby gunships requested for escort of Dustoff missions when there is no confirmed hostile fire in the pick-up area. This is especially evident after hours of darkness. It is questionable as to which aviation unit will provide support for medical aircraft due to the distant locations requesting emergency evacuations. Effective suppressive fire cannot be directed from gunships orbiting at 1000 to 1500 feet at the time it may be required.

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SECTION II PART II

RECOMMENDATIONS

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SECTION II. PART II

1. Recommend that married couples be assigned to large facilities near urban areas, to permit adequate billeting and to reduce friction which tends to generate within units.
2. Recommend that existing hospital officer billets be modified wherever possible to permit occupancy by either sex. Further recommend that all construction include provisions for occupancy by either sex.
3. Recommend that radios, particularly FM tactical series, be airlifted with main body upon deployment of medical units to RVN.
4. Recommend that an EOD Team precede any aircraft accident investigation team into a crash sight if any possibility exists that other than friendly personnel could have booby trapped the aircraft or surrounding areas.
5. Recommend that emergency aeromedical hoist evacuation missions be authorized the dispatch of available standby fire teams on request and that a standard procedure be adopted to provide effective low level escort by gunships on final entry and on initial departure from emergency medical pick-up sites.

ANNEXES

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45TH MEDICAL COMPANY (AIR AMB)

1. Command:

a. Unit conducted air ambulance operations in the Republic of Vietnam for 92 days of the reporting period.

b. The 45th Medical Company (Air Amb) was commanded by LTC Joseph I. Martin during the reporting period.

c. The company was inspected by the 68th Medical Group on 1 September 1967 and received a satisfactory overall rating.

2. Personnel, Administration, Morale and Discipline:

a. A personnel infusion program was initiated when the 45th Medical Company (Air Amb) arrived in Vietnam. Several men from this company were sent to other units which had been operating in Vietnam.

b. Morale is high in the company because the men realize the importance of the job they are doing. The pilots and flight crews have rapidly adjusted to flying under combat conditions.

c. Discipline has been maintained without serious incident during the period. No personnel in the company were tried by court-martial, one man received non-judicial punishment.

d. Awards and Decorations:

(1) On 19 August 1967, Brigadier General Glenn J. Collins, Commanding General of the 44th Medical Brigade, presented awards to members of the 82d Medical Detachment (Hel Amb) at Soc Trang, Vietnam.

(2) Major General Jahn H. Hay, Commanding General of the 1st Infantry Division, presented awards to several members of the 45th Medical Company (Air Amb) and 57th Medical Detachment (Hel Amb) on 28 September 1967.

(3) General William C. Westmoreland, COMUS/MACV, presented the Distinguished Service Cross to Specialist Five William Hook and the Silver Star to First Lieutenant Charles F. Jordan of the 82d Medical Detachment (Hel Amb) on 10 October 1967.

ANNEX A

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(4) The following awards and decorations were approved and presented during the period:

Silver Star - 4
Distinguished Flying Cross - 2
Air Medal - 8
Army Commendation Medal with "V" device - 2
Purple Heart - 1

(5) The following Awards and Decorations are pending as of 30 October 1967:

Silver Star - 1
Distinguished Flying Cross - 6
Air Medal - 226

3. Intelligence and Counter-Intelligence:

A hit report map has been established to show the locations where aircraft have received fire and hits in the III Corps area. The map is maintained on a daily basis.

4. Plans, Operations, Training:

a. Operations: As personnel and equipment of the 45th Medical Company (Air Amb) arrived in country, a rapid transition was effected, phasing out the 658th Medical Company (Hq) by 1 August 1967. On 1 August, the following Medical Detachments (Hel Amb) were attached to the 45th Med Co (AA): 254th, 283d, 82d and 57th. On 6 August, the 254th Med Det (HA) relocated to Nha Trang. On 10 September, the 283d Med Det (HA) relocated to Pleiku. The 82d Med Det (HA) remains at its Soc Trang location with its mission unchanged. The 57th Med Det (HA) will relocate from Long Binh as command directs. Present plans for the 45th Med Co (AA) are to remain at Long Binh with the 4th Flight Platoon relocated at Lai Khe. The 45th Med Co (AA), directly subordinate to the 68th Medical Group, supports IV Corps Tactical Zone as required.

b. Operational missions assigned will involve:

(1) Collective effort of all available personnel and equipment in support of the Long Binh area, to include tactical support.

(2) Tactical support of a divisional or similar area with field standbys provided by one of the four helicopter flight platoons.

(3) Pre-planned tactical support of Battalion or larger sized unit operations by one of the four helicopter flight platoons.

ANNEX A (Con't)

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c. Training: Cross-training and infusion of personnel has effectively developed the unit's ability to respond to operational requirements. Each of the four Helicopter Platoon Leaders are qualified and actively engaged with Instructor Pilot duties in their respective platoons. CPT Larry Powell is presently a member of the USARV Aviation Standardization Board and as such he evaluated each assigned aviator through required check rides. Pilots and Enlisted flying medical aid men receive frequent instructor and refresher training conducted by Flight Surgeons and Physicians in this area. Additional medical training is accomplished by assisting the Battalion Surgeons with emergency treatment at field standby locations. Maintenance, Supply and Administrative personnel are receiving the cooperative assistance required of our next higher headquarters and support type activities. Mandatory type classroom and field type training are effectively accomplished on a routine basis.

5. Special Staff Sections: The Unit Commander of the 45th Medical Company (AA) is available to the Commanding Officer, 68th Medical Group for duties as the Group Aviation Staff Officer in matters pertinent to the capabilities, limitations and planning for maximum utilization of existing medical helicopter resources.

6. Logistics: There is difficulty in obtaining flight gloves, chest protectors and large size ballistic helmets. In addition adequate facilities for proper storage and issue of equipment are not available.

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MILITARY CIVIC ACTION

1. Military Civic Action projects, particularly of the MEDCAP type, continued to increase significantly during the report period. The 67th Medical Group becoming operational on 23 October 1967 will change the total support picture even though individual unit activities were increased.

	<u>Previous Period</u>	<u>Current Period</u>
a. Orphanages Supported	2	3
b. Hamlet MEDCAP's	10	17
c. Hospital Assistance	5	7
d. Professional Consultation Services to RVN Hospitals	5	7
e. Evacuation Projects	2	3
f. Dental care	1	3

2. Paragraph 1 identifies major projects. Subordinate unit personnel additionally support projects on an individual basis for which recognition is not often received.

3. Noteworthy projects deserving special recognition are as follows: Two previously untouched areas had MEDCAP programs started. Both are small villages in the immediate vicinity of Long Binh Post. Because of the tactical security of the area, these hamlets were not previously suitable for a MEDCAP team. This area is in the TAOR of an MP Battalion. The Battalion provides both security and interpreter services. During the first visit by the team, over 150 adults and children were seen and treated.

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AVBJ-PC (15 Nov 67)

1st Ind

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending
31 October 1967 (AFM USFOR-65, (68th Medical Group)


HEAD QUARTERS, 14th Medical Brigade, AFM 96384

1 December 1967

TO: Commanding General, United States Army Vietnam, ATTN: AV GL-DST,
AFM 96375

1. The contents of the basic report have been reviewed.
2. The following comments pertaining to the recommendations in Section II, Part II are submitted:
 - a. Reference paragraph 1. Concur insofar as duty vacancies exist for married couples. No married couple is promised nor assured of an assignment in the same hospital nor is assignment of shared quarters guaranteed. Both husband and wife are here on a duty status as individual officers and are entitled only to privileges and considerations provided other officers. Therefore, there is no excuse for the alleged friction existing in the units.
 - b. Reference paragraph 2. Concur. Action has been initiated to include this recommendation in future construction plans. Units have been instructed to submit requests for modification of existing facilities or construction of additional facilities to meet requirements.
 - c. Reference paragraph 3. Concur.
 - d. Reference paragraph 4. Concur. Some investigation boards have employed EOD teams to clear areas prior to investigation of aircraft accidents. This procedure will be recommended for all investigation boards where the possibility of booby-traps exists.
 - e. Reference paragraph 5. Concur. USARV Regulation 40-10 requires that all hoist missions be supported by an armed escort. Refusals to provide such support should be referred through command channels to Commanding General, USARV to obtain enforcement of the regulation.

TEL: LBH 2909/2494


GLENN J. COLLINS
Brigadier General, MC
Commanding

AVHGC-DST (15 Nov 67) 2d Ind
SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending
31 October 1967 (RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96375 17 DEC 1967

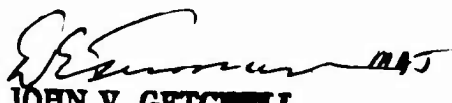
TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-DT,
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 October 1967 from Headquarters, 68th Medical Group (BHEA) as indorsed.

2. Pertinent comment follows: Reference item concerning emergency aero-medical evacuation missions, page 15, paragraph 5; and page 12: Concur. USARV Regulation 40-10, paragraph 2d(1), Hoist Operations, states that all hoist operations will be supported by armed escort. When engaged in hoist operations the Medical Evacuation Helicopter is extremely vulnerable to enemy ground fire and requires the support of friendly suppressive fire support if fired upon by hostile elements.

3. A copy of this indorsement will be furnished to the reporting unit through channels.

FOR THE COMMANDER:

pe

JOHN V. GETCHELL
Captain, AGC
Assistant Adjutant General

cc:
HQ, 68th Med Gp
HQ, 44th Med Bde

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GPOP-DT(15 Nov 67)

3d Ind

SUBJECT: Operational Report for the Quarterly Period Ending 31 October
1967 from HQ, 68th Med Gp (UIC: WBHEAA) (RCS CSFOR-65)

HQ, US ARMY, PACIFIC, APO San Francisco 96558 12 JAN 1968

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

This headquarters has evaluated subject report and forwarding
indorsements and concurs in the report as indorsed.

FOR THE COMMANDER IN CHIEF:



HEAVRIN SNYDER
CPT, AGC
Asst AG

AVBJ GD-FO

12 November 1967

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending 31 October 1967 (RCS CSFOR-65) (68th Medical Group)

68TH MEDICAL GROUP

The following units were assigned to the 68th Medical Group at the end of the report period.

<u>UNIT</u>	<u>LOCATION</u>	<u>OPERATIONAL BEDS</u>
<u>7th Surgical Hospital</u>	Long Giao	60
<u>24th Evacuation Hospital</u>	Long Binh	400
45th Med Det (KB) (Orthopedic)	Long Binh	
104th Med Det (KD) (Maxillo-facial)	Long Binh	
<u>36th Evacuation Hospital</u>	Vung Tau	400
345th Med Det (MA) (Disp)	Vung Tau	
872d Med Det (MB) (Amb) (Bus)	Vung Tau	
<u>45th Medical Company (Air Amb)</u>	Long Binh	
<u>58th Medical Battalion</u>	Long Binh	
2d Med Det (MA) (Disp)	Long Binh	
25th Med Det (MA) (Disp)	Long Binh	
61st Med Det (MB) (Disp)	II FFORCEV	
208th Med Det (MC) (Disp)	Long Binh	
332d Med Det (MB) (Disp)	Long Binh	
541st Med Det (MA) (Disp)	Long Binh	
50th Med Co (Cler)	Long Binh	150
584th Med Co (Amb)	Long Binh	
439th Med Det (MB) (Bus)	Long Binh	
498th Med Det (MB) (Bus)	Long Binh	

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AVBJ GD-PO

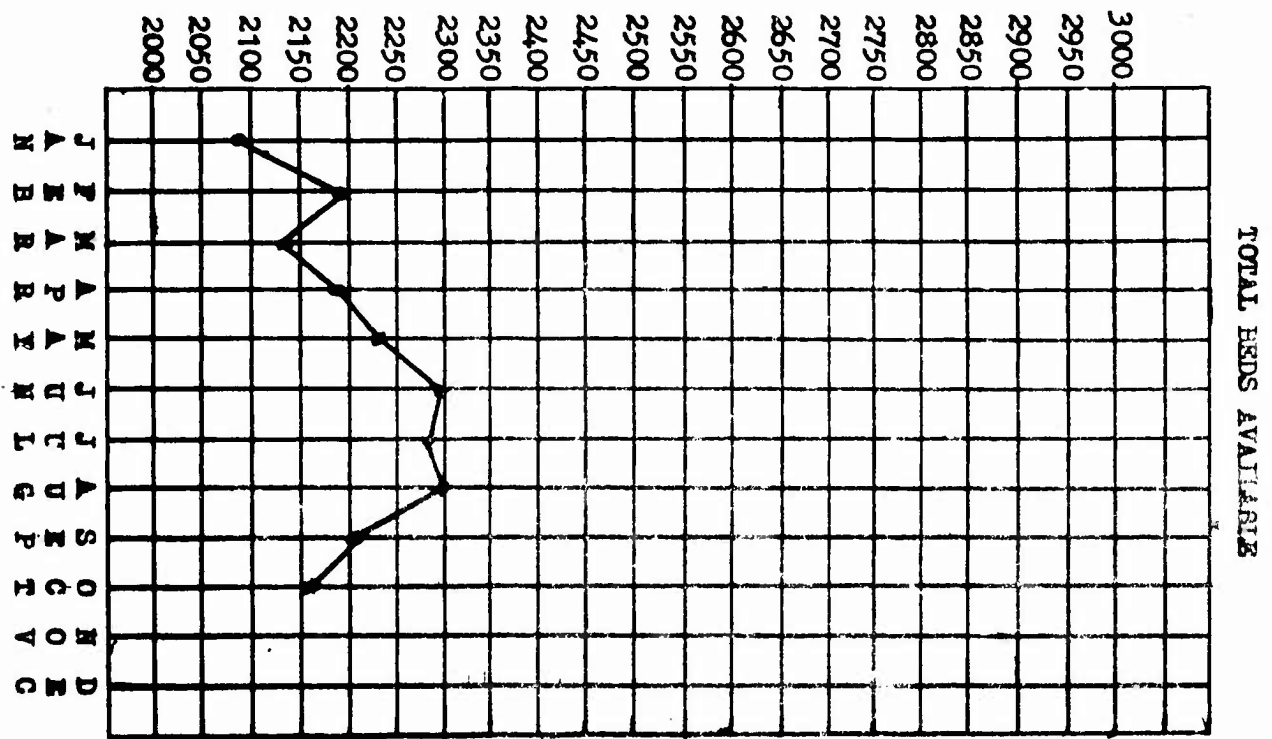
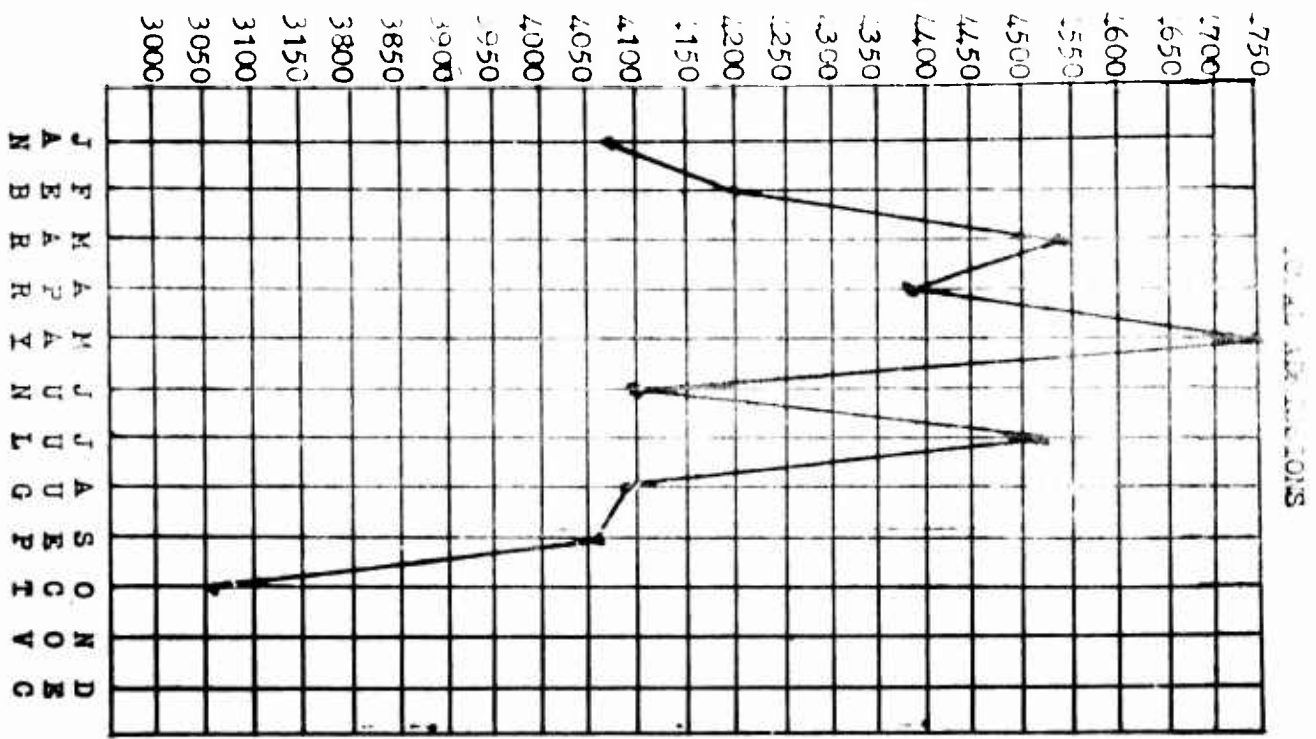
12 November 1967

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending 31
October 1967 (RCS CSFOR-65) (68th Medical Group)

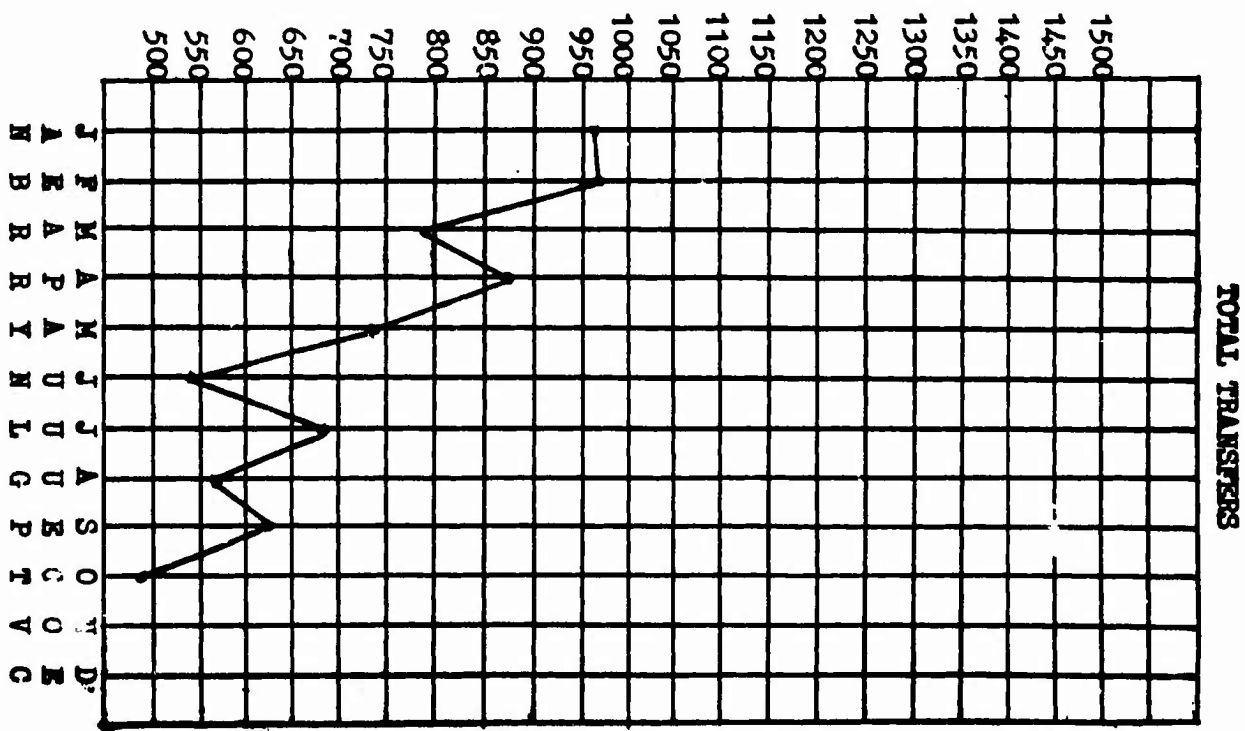
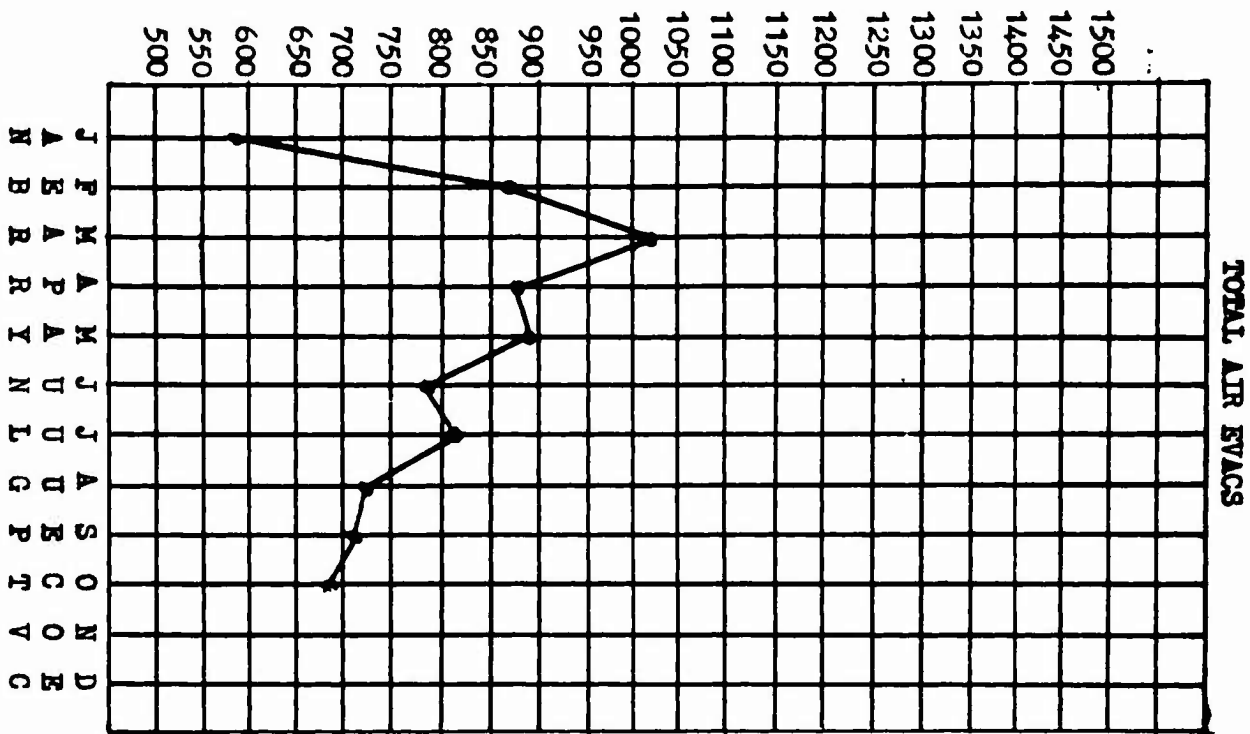
<u>UNIT</u>	<u>LOCATION</u>	<u>OPERATIONAL BEDS</u>
<u>93d Evacuation Hospital</u>	Long Binh	400
46th Med Det (KB) (Orthopedic)	Long Binh	
53d Med Det (KA) (Surg)	Long Binh	
935th Med Det (KO) (Psychiatric)	Long Binh	
Attached Units (limited attachment)		
1 Adv Plt, 32d Medical Depot	Long Binh	
946th Med Lab (Mobile)	Long Binh	
TOTAL OPERATIONAL BEDS		1410

Incl 1 (Cont)

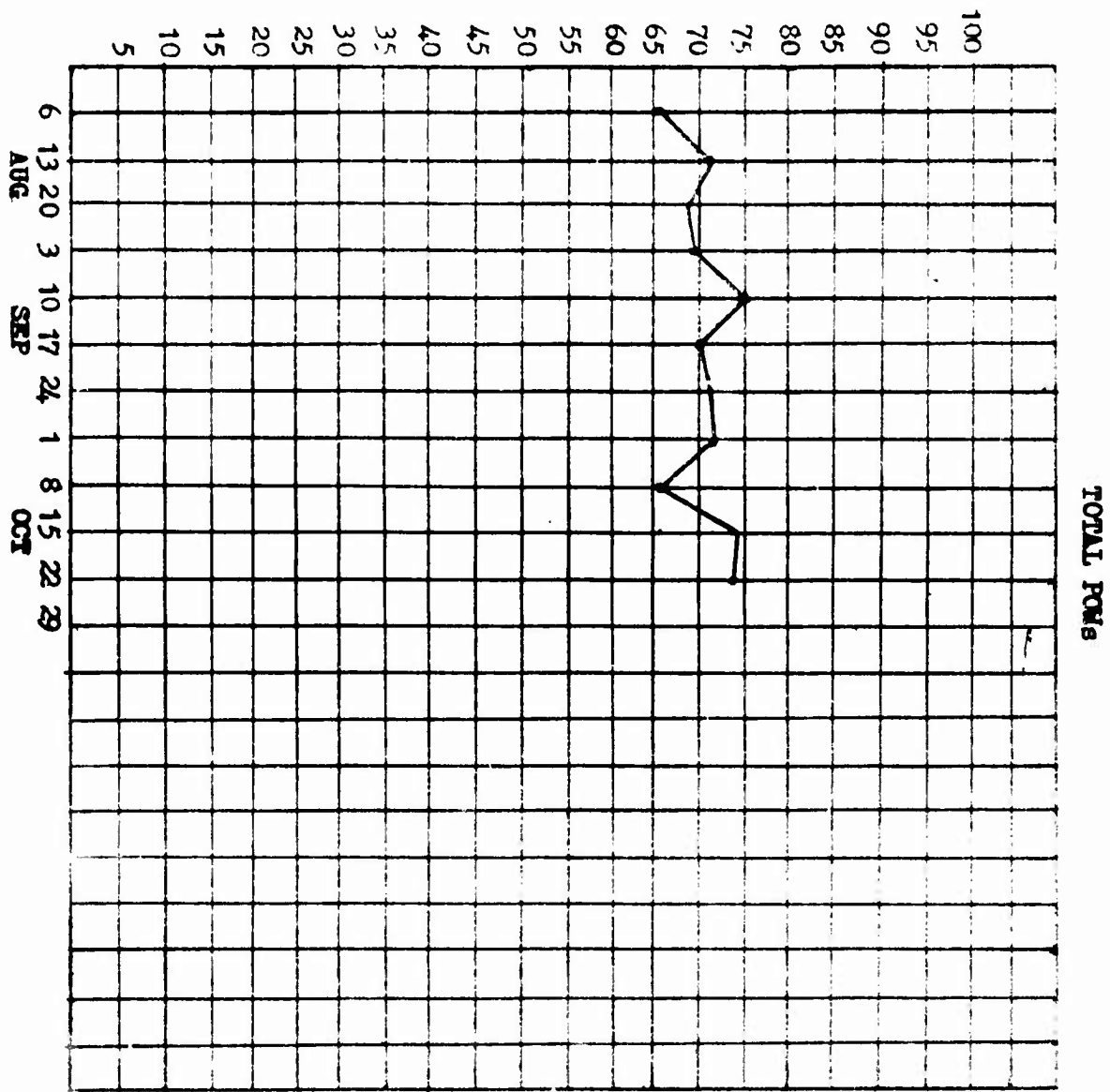
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Incl 3, 68th Med Gp ORLL (1 Aug-31 Oct 67)

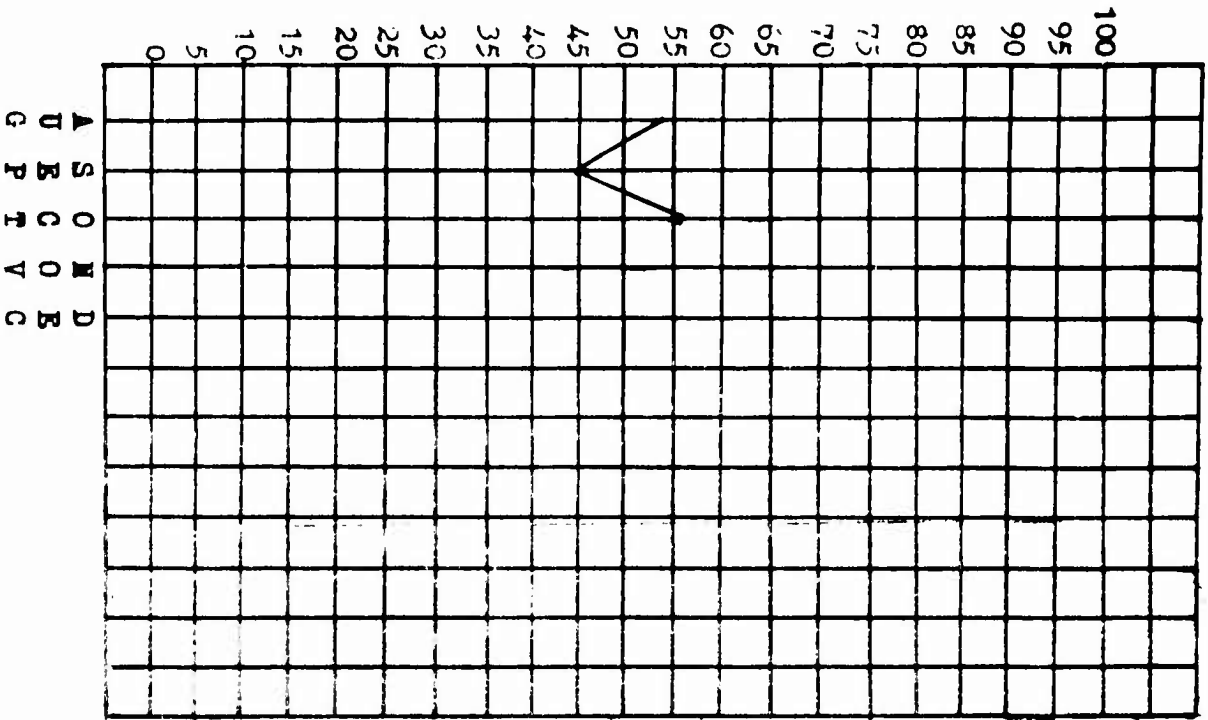


Incl 4, 68th Med Gp ORLL (1 Aug-31Oct 67)

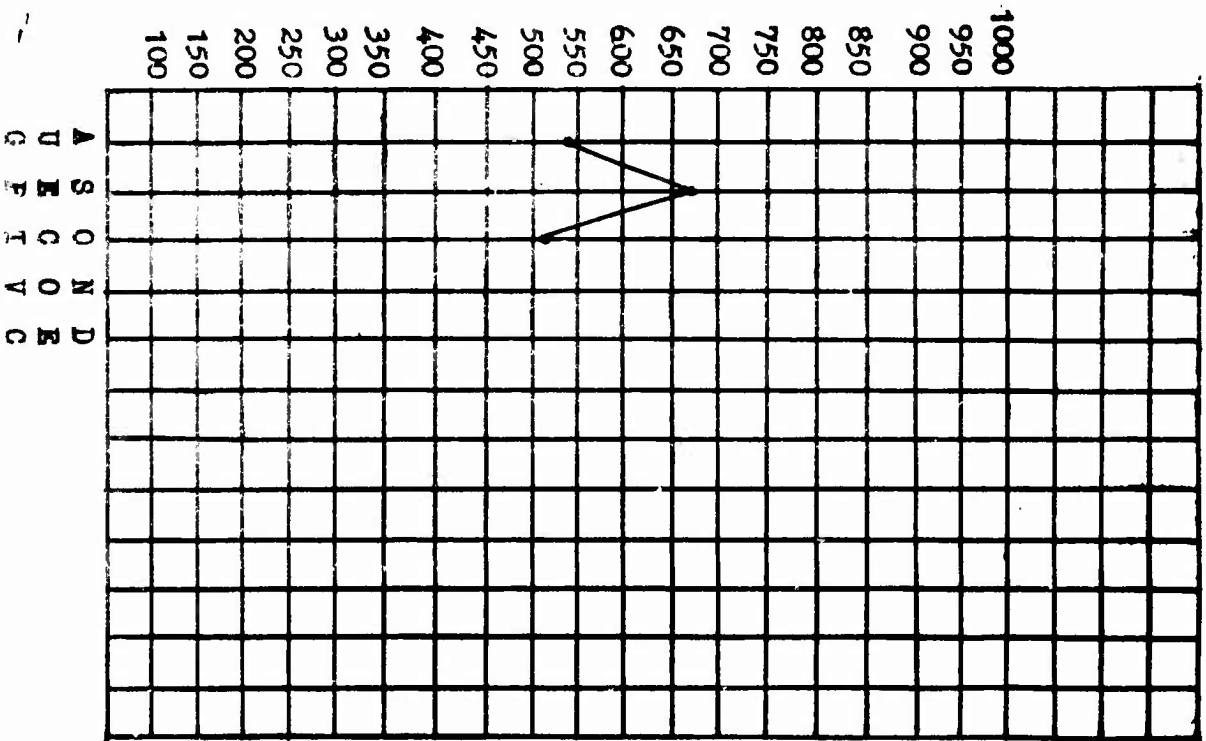


Incl 5, 68th Med Gp ORILL (1 Aug-31 Oct 67)

TOTAL DEATHS



TOTAL IHBH'S



Incl 6, 68th Med Gp ORIL (1 Aug-31 Oct 67)

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